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Bib Data Sheet

CONFIRMATION NO. 2895

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|-----------------------------------|---|---------------------|-------------------------------|--|
| SERIAL NUMBER 10766,760 | FILING OR 371(c) DATE 01/27/2004 RULE | CLASS 435 | GROUP ART UNIT 1637 | ATTORNEY DOCKET NO. 899-76335-02 |
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APPLICANTS

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Dennis Schultz, Portland, OR;

**** CONTINUING DATA *******

This appln claims benefit of 60/443,214 01/27/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****

** 06/15/2004

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|---|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY OR | SHEETS DRAWING 14 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 5 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature: [Signature] Initials: [Initials] | | | | |

ADDRESS

24197

TITLE

Gene mutation associated with age-related macular degeneration

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| FILING FEE RECEIVED 708 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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